



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

Program Name	TABOR CHRISTIAN COMMUNITY PRESCHOOL				License Number	DCCC.12613	Date of Inspection	03/15/2024
					Expiration Date	3/31/2025	Time of Inspection	11:38 AM
Address	45 TABOR DR  BRANFORD CT 06405-5225				Telephone	(203) 483-9420	Total Capacity	38
					Days and Hours	FROM: 8:30AM TO: 3:15PM; PM HOURS FROM: TO:	Under Three Capacity	0
#Children Present	25	# Under 3 Present	0	# Staff Present	4	Summer Care	Closed	
Purpose of Inspection	Follow up Playground Only				Name of Inspector	Fil Montanye		
Program's Email	ddswartz22@gmail.com				Inspector's Email	filomena.montanye@ct.gov		

### Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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### Other Findings - In Compliance

Statute and/or Regulation	Description	Comments
[19a-79-7a(h)(1)]	087-Outdoor Space Adequate Sq. Ft. Per Child	
[19a-79-7a(h)(2)]	088-Impact Absorbing Material under Equipment	
[19a-79-7a(g)(4) and/or 19a-79-7a(h)]	089-Playground Free From Hazards	
[19a-79-7a(h)(5) &/or 19a-79-7a(h)(9)]	092-Equipment Anchored/Safely Arranged	



[19a-79-7a(h)(7)]	093-Outdoor Play Area Protected/Fenced	
[19a-79-7a(h)(8)]	094-Drinking Water Available/Accessible	

**YES/NO:** No      **WERE VIOLATIONS CITED DURING THIS VISIT?**

**Discussions:**

**Comments:**

**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Fil Montanye</b> (Printed Name)	(Printed Name)		<b>Diane swartz</b> (Printed Name)